## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**CLAIMS AS FILED - PART I** 

mall

Application or Docket Number 10/045590

| CLAIMS AS FILED - PAF<br>(Column 1)  |              |   |              |              | (Column 2)                    |                          |    | SMALL ENTITY TYPE  |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--------------|---|--------------|--------------|-------------------------------|--------------------------|----|--------------------|------------------------|-------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |              |   | 42           |              |                               |                          |    | RATE               | FEE                    | )<br> | RATE                       | FEE                    |  |
| FOR  |              |   | NUMBER FILED |              | NUMBER EXTRA                  |                          | ⊢  | ASIC FEE           | 370.00                 | OR    | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |              |   | 42 minus 20= |              | * 22                          |                          | -  | X\$ 9=             | 198                    | OR    | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS   |              |   | 4 minus 3 =  |              | * /                           |                          |    | X42=               | 42                     | OR    | X84=                       |                        |  |
| MU   | LTIPLE DEPEN | DENT CLAIM P                                | RESENT       |              | Y                             |                          |    | +140=              | A                      | OR    | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "   |              |   |              |              | r "0" in co                   | olumn 2                  | _  | TOTAL              | 610                    | OR    | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |              |   |              |              |                               |                          | •  | SMALL E            | NTITY                  | OR    | OTHER<br>SMALL I           |                        |  |
| AMENDMENT A  |              | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM  | HEST<br>BER<br>OUSLY          | (Column 3) PRESENT EXTRA | Γ  | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total        | *   | Minus        | **           |                               | =                        |    | X\$ 9=             |                        | OR    | X\$18=                     |                        |  |
|  | Independent  | *<br>NTATION OF M                           | Minus        | ***          | T CL AIM                      | =                        |    | X42=               |                        | OR    | X84=                       |                        |  |
| L  | FIRST PRESE  | NIATION OF M                                | OLTIPLE DEF  | ENDEN        | CLAIM                         |                          |    | +140=              | -                      | OR    | +280=                      |                        |  |
|  |              |   |              |              |                               |                          | AE | TOTAL<br>DDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |  |
|  |              | (Column 1)                                  | 0            |              | mn 2)                         | (Column 3)               |    |                    |                        |       |                            |                        |  |
| AMENDMENT B  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA         |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total        | *   | Minus        | **           |                               | =                        |    | X\$ 9=             |                        | OR    | X\$18=                     |                        |  |
|  | Independent  | * NTATION OF M                              | Minus        | ***          | T CL AIM                      | = -                      |    | X42=               |                        | OR    | X84=                       |                        |  |
| <b> </b>   | FIRST PRESE  | INTATION OF M                               | OLTIPLE DEF  | PENDEN       | CLANVI                        |                          |    | +140=              |                        | OR    | +280=                      |                        |  |
|  |              |   |              |              |                               |                          | AE | TOTAL<br>DDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |  |
|  |              | (Column 1)                                  |              | (Colu        | mn 2)                         | (Column 3)               |    |                    |                        |       |                            |                        |  |
| AMENDMENT C  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA         |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total        | *   | Minus        | **           |                               | =                        |    | X\$ 9=             |                        | OR    | X\$18=                     |                        |  |
|  | Independent  | *   | Minus        | ***          | T OL AIRA                     | =                        |    | X42=               |                        | OR    | X84=                       |                        |  |
| ╠  | FIRST PRESE  | NTATION OF M                                | IULTIPLE DE  | PENDEN       | I CLAIM                       |                          |    | +140=              |                        | OR    | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |              |   |              |              |                               |                          |    |                    |                        |       |                            |                        |  |